Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2012 Standard Mutual Medicare SERFF Tr Num: PHYS-128214198 State: Arkansas

Supplement Rate Increase Filing

TOI: MS05I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num:

Standard Plans Closed

Sub-TOI: MS05I.015 Multi-Plan Co Tr Num: State Status: Approved-Closed

Filing Type: Rate Reviewer(s): Stephanie Fowler

Authors: Richie Hinman, Debbie

Thielen

Date Submitted: 03/30/2012 Disposition Status: Approved-

Closed

Disposition Date: 04/24/2012

Implementation Date Requested: 06/01/2012 Implementation Date: 06/01/2012

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 12/05/2011

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: 4.9% Filing Status Changed: 04/24/2012

State Status Changed: 04/24/2012

Deemer Date: Created By: Debbie Thielen

Submitted By: Debbie Thielen Corresponding Filing Tracking Number:

Filing Description:

Annual Filing of Premium Rates and Loss Ratio Projections for Standardized Medicare Supplement Policy Plans A, B, C, F, G and J, and Proposed Rate Increase Filing for Plans B, C, F and G.

This filing is a combination of our annual filing of premium rates and loss ratio projections and our proposed rate revision for 2011. It has been organized into two separate sections.

The first section of this filing meets the reporting requirements as set forth under Section 13 C of the NAIC model

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number:

regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format closely follows the order of presentation in Section III of the NAIC compliance manual.

The second section of this filing explains our need for a rate increase. It follows the order of presentation in Sections III and IV of the NAIC compliance manual.

We look forward to your approval of this filing. If you have any questions or need any additional information, please contact me at (402) 633-5782, at fax (402) 633-1096 or at e-mail address richie.hinman@physiciansmutual.com. State Narrative:

Company and Contact

Filing Contact Information

Debbie Thielen, Re-Rating Analyst debbie.thielen@physiciansmutual.com

2600 Dodge Street 402-930-2434 [Phone] Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company CoCode: 80578 State of Domicile: Nebraska

2600 Dodge StreetGroup Code: 367Company Type:Omaha, NE 68131Group Name:State ID Number:

(402) 633-1188 ext. [Phone] FEIN Number: 47-0270450

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No

Fee Explanation: \$50.00 Plan A

\$50.00 Plan B \$50.00 Plan C \$50.00 Plan F \$50.00 Plan G \$50.00 Plan J

Per Company: No

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Physicians Mutual Insurance Company \$300.00 03/30/2012 57599485

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By		Created On	Date Submitted
Approved- Closed	Stephanie Fowler		04/24/2012	04/24/2012
Disapproved	Stephanie Fowler	•	04/03/2012	04/03/2012

Objection Letters and Response Letters

Objection Letters				Response Letters			
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted	
Pending	Stephanie	04/23/2012	04/23/2012	Debbie Thielen	04/24/2012	04/24/2012	
Industry	Fowler						
Response							

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Standard Plans Sub-TOI: MS051.015 Multi-Plan

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

Disposition

Disposition Date: 04/24/2012

Implementation Date: 06/01/2012

Status: Approved-Closed

Comment: The negotiated rate increase of 2% has been approved to be implemented on or after June 1, 2012 for Plans B, C, F and G. No rate revision was

requested, nor approved for Plans A and J. This filing will serve as the annual rate certification for these two plans.

This approval is subject to the following:

• Increases will not be given more frequently than once in a twelve-month period;

• The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
			Program:				
Physicians Mutual Insurance Company	4.900%	4.900%	\$36,623	185	\$750,634	5.000%	0.000%

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number:

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Standard Med Supp Plans A, J	Approved-Closed	Yes
Rate (revised)	Standard Med Supp Plans B, C, F, G	Approved-Closed	Yes
Rate	Standard Med Supp Plans B, C, F, G	Disapproved	No

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Standard Plans Sub-TOI: MS051.015 Multi-Plan

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

Disposition

Disposition Date: 04/03/2012

Implementation Date:
Status: Disapproved

Comment: Given the lack of credibility on this block of business we cannot approve this rate increase at this time. However, we are approving the annual rate

certification portion of this filing.

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Written	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders	Premium for	Change (where	Change (where
	Change:		Change for	Affected for this	this Program:	required):	required):
			this	Program:			
			Program:				
Physicians Mutual Insurance Company	4.900%	4.900%	\$36,623	185	\$750,634	5.000%	0.000%

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number:

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Standard Med Supp Plans A, J	Approved-Closed	Yes
Rate (revised)	Standard Med Supp Plans B, C, F, G	Approved-Closed	Yes
Rate	Standard Med Supp Plans B, C, F, G	Disapproved	No

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/23/2012 Submitted Date 04/23/2012 Respond By Date 05/23/2012

Dear Debbie Thielen,

After further review of this request, we would be willing to approve a 2% rate increase on this block of business; this offer is made in lieu of disapproval.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/24/2012 Submitted Date 04/24/2012

Dear Stephanie Fowler,

Comments:

Response 1

Comments: We accept your offer of a 2% rate increase on old Standard Plans B, C, F and G. The revised rate pages are attached for your review.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:

Standard Med P621,P622,P625,P626 Revised Previous State Filing Number AG_Banded_Areas.pdf

Supp Plans B, C,

DR_Banded_Areas.pdf

F, G Mutual AREA-STD-

071205.pdf

AR_2012_Rates_BCFG

_2%.pdf

47526

Percent Rate Change Request

2

Previous Version

Standard Med P621,P622,P625,P626 Revised Previous State Filing Number AR_2012_Rates_BCFG.

Supp Plans B, C,

pdf

F, G AG_Banded_Areas.pdf

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

DR_Banded_Areas.pdf Mutual AREA-STD-071205.pdf

47526

Percent Rate Change Request

7

We appreciate your attention to this filing and look forward to your approval.

Sincerely,

Debbie Thielen, Richie Hinman

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Standard Plans Sub-TOI: MS051.015 Multi-Plan

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 4.500%

Effective Date of Last Rate Revision: 04/01/2011

Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	4.900%	4.900%	\$36,623	185	\$750,634	5.000%	0.000%

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number:

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information	n:	Attachments
Approved- Closed 04/24/2012	Standard Med Supp Plans A, J	P620, P629	Other	Previous State Filing Number: Rate Action Other Explanation:	47526 Annual Filing Only	AR_2012_Rates_ AJ.pdf
Approved- Closed 04/24/2012	Standard Med Supp Plans B, C, F, G	P621, P622, P625, P626	Revised	Previous State Filing Number: Percent Rate Change Request:	47526 2.000	AG_Banded_Are as.pdf DR_Banded_Are as.pdf Mutual AREA- STD-071205.pdf AR_2012_Rates_ BCFG_2%.pdf

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620 AGENCY SALES PLAN A ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$160.57

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A AGENCY SALES PLAN A ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$165.38

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A AGENCY SALES PLAN A ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$152.53

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620 DIRECT RESPONSE SALES PLAN A ARKANSAS

2011 MONTHLY BASE AGE PREMIUM

\$159.24

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

00-99

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

AGE 2011
MONTHLY
BASE
PREMIUM

00-99 \$164.02

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P620A
DIRECT RESPONSE SALES
PLAN A
ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$151.29

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P629 AGENCY SALES PLAN J ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$795.77

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AG-STD-112993

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

MEDICARE SUPPLEMENT AREA RATING ZIP CODES

Agent-Sold Business

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
044-059	030-043	029	010-016	017-019	020-022	100-102	330-333
290-293	120-121	061-067	023-028	070-073	103-104	190-191	900-918
295-299	123-124	122	060	080-081	111-114	334	926-928
353-354	128-145	146	068-069	106-108	116	349	
362-364	147-149	153-175	074-079	110	200-205	482	
367-369	176	177-179	082-099	115	322	485	
386-394	224-229	182-183	105	117-119	335-336	941	
396-399	238-289	188	109	150-152	339		
406-422	294	195-197	125-127	186-187	347-348		
425-429	304-307	199	180-181	189	920-925		
504-505	312	230-237	184-185	192-194	930-931		
507-509	315-319	300-303	198	222-223	933		
511-519	356-361	308-311	206-221	320-321	940		
521-534	365-366	313-314	325-326	327-329	942-946		
539-549	373-385	323-324	338	337			
555-579	400-405	350-352	480-481	340-346			
682-699	423-424	355	484	602-603			
732-739	433-441	370-372	486	606			
742-749	444-445	395	600-601	890			
	447-449	430-432	604-605	894-895			
	454-461	442-443	700-701	934			
	465-479	446	704	947-951			
	493-495	450-453	707-708				
	500-503	462-464	850-853				
	506	483	891-893				
	510	487-492	896-899				
	520	496-499	919				
	535-538	550-554	929				
	580-589	590-591	932				
	592-593	594	935-939				
	595-599	609-619	952-966				
	607-608	625-626	995-999				
	620-624	630-631					
	627-629	633					
	632	640-641					
	634-639	729					
	642-679	750-799					
	680-681	846					
	702, 703	854-869					
	705-706	875					
	709-728	974					
	730-731	980-994					
	740-741						
	800-845						
	847-849						
	870-874						
	876-889						
	967-973						
	975-979						

Area Factors

Pian	Area 1	Area 2	Area 3	Area 4	Area 5	Area o	Area /	Area 8
Α	0.95	1.00	1.10	1.19	1.29	1.38	1.53	1.72
В	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33
C	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33
E	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33
F	0.97	1.00	1.06	1.12	1.18	1.24	1.33	1.46
J	0.98	1.00	1.04	1.09	1.13	1.17	1.24	1.33

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

MEDICARE SUPPLEMENT POLICY AREA RATING STATES

Direct Response Business

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
VT	UT	VA	AZ	NV	DC
SD	NM	WA	LA	NJ	CA
SC	AR	TX	PA	MD	
WI	AL	KS	NY	MA	
NE	WV	MI	AK	FL	
MS	TN	IL			
ME	OK	CT			
KY	IN	DE			
IA	ОН	RI			
WY	MT				
OR	MO				
NH	GA				
ND	CO				
NC					
ID					
MN					
HI					

Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
A	0.95	1.01	1.07	1.15	1.24	1.38
В	0.97	1.01	1.04	1.10	1.15	1.24
C	0.98	1.00	1.03	1.07	1.11	1.17
E	0.98	1.00	1.03	1.07	1.11	1.17
F	0.97	1.01	1.04	1.10	1.15	1.24

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

MEDICARE SUPPLEMENT AREA RATING ZIP CODES Agent and Direct Response Solicited Business

Area 1 0.83	Area 2 0.88	Area 3 0.95	Area 4 1.00	Area 5 1.08	Area 6 1.17	Area 7 1.26	Area 8 1.40	Area 9 1.60	Area 10 2.00
397	226, 228-229	030-038, 169	028-029, 155, 163-167	158	150	151-152	190	191	330-334
504	239-241, 243-245	172-177, 188	170-171, 178-179	160-162	153-154	189	322	349	341
35****	290-291, 293	254, 257	196, 199	168	156-157	193-194	328-329	480-483	
38, 539****	296-298, 386-388	261-268, 270-289	201	182-187	159	320	337	900	
14****	390-393, 396	292, 294-295	224-225, 227	195	180-181	327	339	902-908	
16	403-404, 421	299, 376-383	230-236, 238	197-198	220-223	335-336	346	910-916	
19****	425, 465-468	385, 389, 394	242, 249-253	237	246-248	338	484-485	918	
50, 552-553, 559	473-475, 499-502	405-406, 410-411	255-256, 260	301-302	258-259	342	917	926-928	
5-567	505, 508-514	413-414, 422-424	304-310, 317-319	312-316	300	347			
3-684	516, 520-527	426, 437-438	354-374, 384, 398	323	303	700-701			
6	530, 535, 537	446, 449	400-402, 407-409	350-351	311	704			
8-693	539-545, 547-549	456-458, 469-472	412, 415-418	395	321	770-773			
843***, 844***	570-577	476-479, 494-495	420, 427	434	324-326	775			
	580-588, 590-599	498, 503	430-433, 434**, 435	436	344	891			
	611, 613, 634	506-507, 515, 528	439-442, 447-448	443-445	352-353, 399	919-921			
	636-639, 646	610, 611*, 612, 614, 615*		450	436**, 441**, 486-487				
	648, 654-658	617*, 618-619, 623-630	460-464, 490-491	452	641	930			
	685, 687, 748	633-635	493, 496-497, 551	488-489	661-662	933			
	765-767, 798	644-645, 650-653	554, 609*, 615-617	492	703	935			
	840-841, 843-844	664-671, 673-679	631, 640, 647	531-534	750-753	948			
	846-847, 873-874	712-713, 716-718	672, 680-681	600-609	757	, .0			
	877-880, 883-884	723-729, 734-736	705-706, 719-721	620	774				
	970-971, 973-979	738-741, 743-747	730-731, 737	622	776-777				
	995-999	749, 759	755-756, 758	660	794				
	775-777	763-764, 768-769	762, 778-783	707-708	850				
		788, 790	785, 789	710-711	857				
		792, 795-797	791, 793	714	890				
		799-801	863, 871	722	895				
		803-816	894, 897	754	922-924				
		820-831	937, 939	760-761	945-947				
		845, 846***, 847***	955, 960	784	954				
		859, 865, 870	967-968, 980-981	786-787	934				
		875, 881-882	983-985, 992	800					
		893, 898	703-703, 772	802					
		972, 982		852-853					
		986, 988-991		855-856					
		986, 988-991		860					
		993-994							
				864					
				931-932					
				934					
				936					
				940-941					
				943-944					
				949-953					
				956-959					
				961					
	<u> </u>			<u> </u>		<u> </u>			
			I						

AREA RATING ZIP CODES ISSUES AFTER APRIL 1, 2002

LOUISIANA ONLY

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10
0.83	0.88	0.95	1.00	1.08	1.17	1.26	1.40	1.60	2.00
		712xx	705xx	707xx	703xx	700xx	70001-70006		
		713xx	706xx	708xx	70030	70037	70009-70011		
			710xx	711xx	70043-70044	70040-70042	70032-70033		
				714xx	70047	70046	70055-70060		
				70401	70049-70050	70053-70054	70112-70113		
				70403-70404	70062-70065	70056	70115-70119		
				70421-70422	70067-70070	70058-70059	70121-70128		
				70433-70436	70078-70080	70072-70073	70130		
				70437, 70442	70086-70087	70075	70139-70141		
				70443, 70444	70090, 70094	70082-70083	70145-70146		
				70447-70448	70096	70085	70148-70154		
				70451, 70454		70092	70156-70167		
				70455, 70456		701xx	70170, 70172		
				70457, 70462		70114, 70129	70175-70179		
				70465, 70466		70131	70181-70187		
				70470-70471		70142-70143	70190, 70195		
						70174, 70189	70458-70459		
						704xx			
						70420, 70427			
						70429, 70431			
						70438			
						70450, 70452			
						70460-70461			
						70463-70464			
						70469			

Please note: xx after the three digit zip code includes all zip codes not listed above.

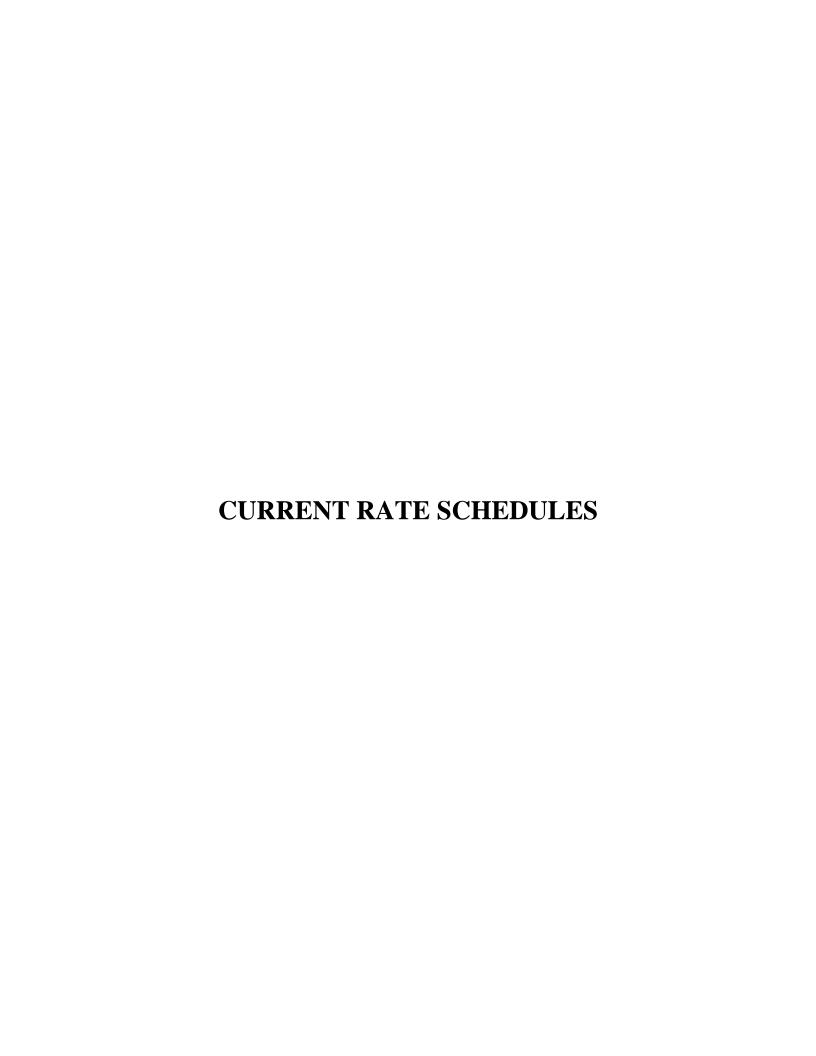


TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A AGENCY SALES PLAN B ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$204.90

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A AGENCY SALES PLAN B ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$187.61

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

\$214.91

2011 MONTHLY BASE PREMIUM

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

AGE

00-99

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

AGE 2011
MONTHLY
BASE
PREMIUM

00-99 \$221.31

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

\$202.61

AGE 2011
MONTHLY
BASE
PREMIUM

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

00-99

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622 AGENCY SALES PLAN C ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$331.15

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A AGENCY SALES PLAN C ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$341.08

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A AGENCY SALES PLAN C ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$312.49

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

\$320.51

AGE 2011
MONTHLY
BASE
PREMIUM

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

00-99

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$330.06

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

2011 MONTHLY BASE PREMIUM

00-99 \$302.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

AGE

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625 AGENCY SALES PLAN F ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$294.35

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A AGENCY SALES PLAN F ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$303.57

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A AGENCY SALES PLAN F ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$277.33

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$277.00

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: DR-STD-070193

ISSUES PRIOR TO JUNE 1, 1999

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

2011 MONTHLY BASE PREMIUM

00-99 \$286.71

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1, 1999 TO MAY 31, 2000

AGE

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

2011
MONTHLY
BASE
PREMIUM

00-99 \$261.90

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

PHYSICIANS MUTUAL INSURANCE COMPANY Table of Rates

Medicare Supplement Policy

Plan G Arkansas 2011

Automatic Bank Withdrawal Base Premiums

ISSUES ON OR AFTER Apr 1, 2003
AFTER
Apr 1, 2003

Age	Agency Issue Age
65-99	\$212.80

Please refer to AREA -STD-071205 for areas and factors.

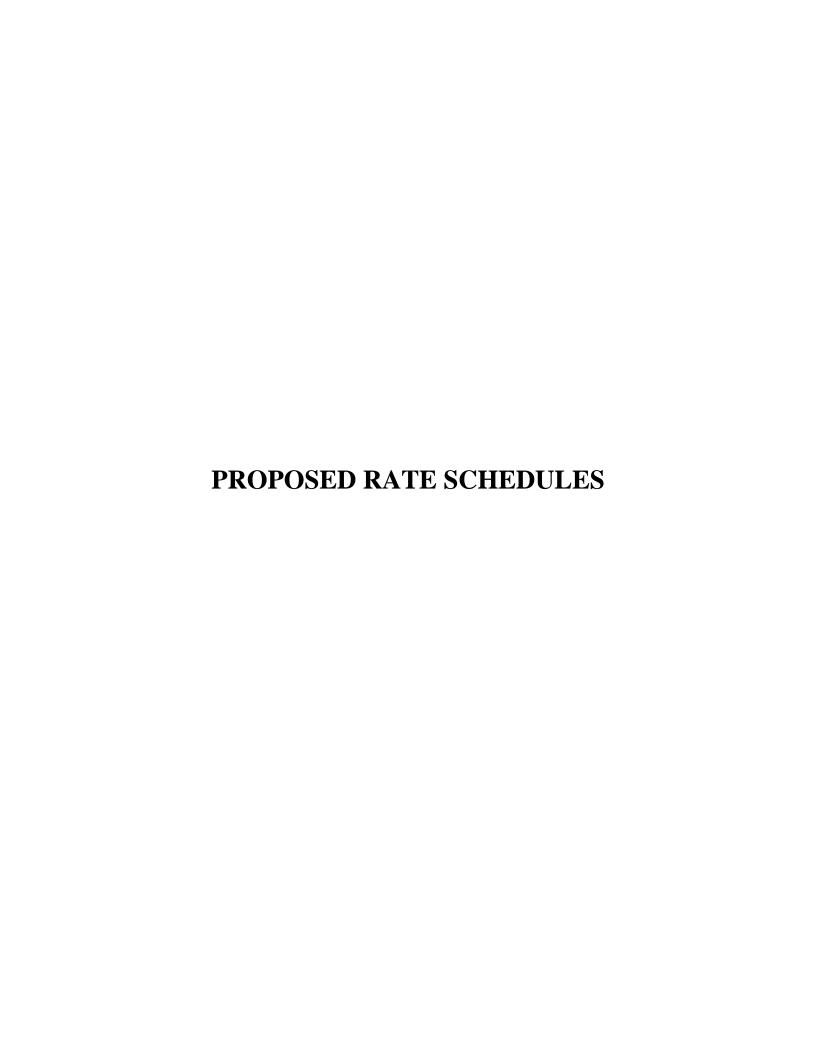


TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A AGENCY SALES PLAN B ARKANSAS

> 2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE _____

\$209.00

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1,1999 TO MAY 31, 2000

P621A-AG-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A AGENCY SALES PLAN B ARKANSAS

> 2012 ISSUE AGE MONTHLY BASE PREMIUM

00-99

AGE

\$191.36

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P621A-AG-AX-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE _____

\$219.21

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: $\ensuremath{\mathsf{DR}\text{-}\mathsf{STD}\text{-}\mathsf{070193}}$

ISSUES PRIOR TO JUNE 1, 1999

P621-DR-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99 \$225.74

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1,1999 TO MAY 31, 2000

P621A-DR-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P621A
DIRECT RESPONSE SALES
PLAN B
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99 \$206.66

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P621A-DR-AX-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622 AGENCY SALES PLAN C ARKANSAS

> 2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99 \$337.77

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AG-STD-112993

ISSUES PRIOR TO JUNE 1, 1999

P622-AG-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A AGENCY SALES PLAN C ARKANSAS

> 2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99 \$347.90

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1,1999 TO MAY 31, 2000

P622A-AG-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A AGENCY SALES PLAN C ARKANSAS

> 2012 ISSUE AGE MONTHLY

AGE

BASE PREMIUM

00-99

\$318.74

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P622A-AG-AX-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99

\$326.92

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: $\mathtt{DR}\mathtt{-STD}\mathtt{-070193}$

ISSUES PRIOR TO JUNE 1, 1999

P622-DR-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99 \$336.66

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1,1999 TO MAY 31, 2000

P622A-DR-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P622A
DIRECT RESPONSE SALES
PLAN C
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99

\$308.49

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P622A-DR-AX-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625 AGENCY SALES PLAN F ARKANSAS

> 2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99

\$300.24

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AG-STD-112993

ISSUES PRIOR TO JUNE 31, 1999

P625-AG-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A AGENCY SALES PLAN F ARKANSAS

> 2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99 \$309.64

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1,1999 TO MAY 31, 2000

P625A-AG-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A AGENCY SALES PLAN F ARKANSAS

> 2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99

\$282.88

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL: MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P625A-AG-AX-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

AGE

00-99

\$282.54

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: $\mathtt{DR}\mathtt{-STD}\mathtt{-070193}$

ISSUES PRIOR TO JUNE 1, 1999

P625-DR-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

00-99

AGE

\$292.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES FROM JUNE 1,1999 TO MAY 31, 2000

P625A-DR-AR-042412

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P625A
DIRECT RESPONSE SALES
PLAN F
ARKANSAS

2012 ISSUE AGE MONTHLY BASE PREMIUM

00-99

AGE

\$267.14

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL, AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000.

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

REFER TO THE FOLLOWING AREA RATING SCHEDULE FOR AREAS AND FACTORS: AREA-STD-071205

ISSUES ON OR AFTER JUNE 1, 2000

P625A-DR-AX-042412

PHYSICIANS MUTUAL INSURANCE COMPANY Table of Rates

Medicare Supplement Policy

Plan G Arkansas 2012

Automatic Bank Withdrawal Base Premiums

ISSUES ON OR AFTER Apr 1, 2003
AFTER
Apr 1, 2003

Age	Agency Issue Age
65-99	\$217.05

Please refer to AREA -STD-071205 for areas and factors. SERFF Tracking Number: PHYS-128214198 State: Arkansas

Filing Company: Physicians Mutual Insurance Company State Tracking Number:

Company Tracking Number:

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.015 Multi-Plan

Standard Plans

Product Name: 2012 Standard Mutual Medicare Supplement Rate Increase Filing

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date: Schedule Schedule Item Name Replacement Attached Document(s)

Creation Date

03/28/2012 Rate and Standard Med Supp Plans B, C, F, 04/24/2012 AR_2012_Rates_BCFG.pdf

Rule G (Superceded)

AG_Banded_Areas.pdf DR_Banded_Areas.pdf Mutual AREA-STD-

071205.pdf